



# Business License Application

ALL LICENSES EXPIRE MARCH 31

FOR CITY USE ONLY

New      Renewal

License # \_\_\_\_\_

City of SeaTac  
Finance Department  
4800 South 188<sup>th</sup> Street  
SeaTac, WA 98188-8605  
Ph: (206) 973-4880

## Annual License Fees (effective January 1, 2017)

*\*Fees are prorated after October 1 to 50% of annual fee\**

Home Occupation: \$50

Out-of-City Business: \$150

In-City Business: Determined by FTEs (see below)

(0-10 FTEs): \$100, (11-50 FTEs): \$250, (51-100 FTEs): \$1500,

(101-500 FTEs): \$4750, (501-1000+ FTEs): \$9500

*FTEs: Full Time Employees (30 or more hours per week)*

The City of SeaTac Municipal Code (SMC) Section 5.05.020 requires that every business operating within the City limits obtain a business license from the City Finance Department. Each year, all current businesses are required to renew their license by April 1. Failure to pay fees by April 1 will result in penalties, per SMC 5.05.110. In addition, if there are any changes to the business address, nature of business, ownership, or if you discontinue business activity within SeaTac, you MUST notify the Finance Department at (206) 973-4880. This validated form and payment of annual fee is proof of application only and is not a license to do business. Applications are accepted only by mail or in person at SeaTac City Hall.

BUSINESS NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# OF FULL TIME EMPLOYEES:

*(30 or more hours per week)*

**Required for In-City Businesses – This will determine your license fee**

Has this business ever been licensed in SeaTac?

If so, what was the license number?

TYPE OF BUSINESS:

DESCRIBE BUSINESS ACTIVITY IN DETAIL:

UBI #

*(SeaTac Location Code #1733)*

Date business will begin operating in SeaTac:

Will this business have a facility located within SeaTac city limits?

( ) YES ( ) NO

CONTRACTOR LICENSE #:

*(Registration through Department of Labor and Industries)*

Will this business operate out of a SeaTac residence?

( ) YES ( ) NO

CHECK ONE: ( ) Sole Proprietor ( ) Partnership ( ) Corporation ( ) Limited Liability Corporation ( ) Non-Profit  
List Owners, Partners, or Officers (use additional sheets if necessary)

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

I CERTIFY THE INFORMATION CONTAINED HEREIN IS CORRECT. I UNDERSTAND THAT ANY UNTRUE STATEMENT IS CAUSE FOR REVOCATION OF MY LICENSE.

APPLICANT SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRINT NAME / TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY CONTACT- AFTER BUSINESS HOURS:  
(for use by Fire & Police Departments)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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